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REMOVAL OF CALCULI FROM THE BLADDER.

FROM A LECTURE DELIVERED AT THE NORTH LONDON HOSPITAL, BY ROBERT LISTON, ESQ. SURGEON, ETC.

Now, gentlemen, you have, I believe, but very lately had a full account given you of the causes, symptoms, and treatment of calculous diseases, by your very learned professor of surgery. Any lengthened detail will therefore be superfluous and unnecessary in this place and on the present occasion. The history of the operations of lithotomy and lithotrity alone would more than occupy our time. I shall at once read to you the account of the patient's sufferings under the disease, and of the treatment which had been adopted for his cure before and since his admission into this hospital, and make a few comments upon the subject.

"Henry Shaw, aged 27, admitted April 30, states that he has labored under symptoms of stone for the last five or six years; that about nine months ago the symptoms became much aggravated, and he applied for admission to a London hospital where lithotrity was tried, but without success, the operation being attended with very great suffering, and not productive of the slightest relief. He has suffered continually since that time, and lately the symptoms have become so unbearable as to induce him again to submit to any operation for their removal.

On admission he was suffering very severely, on account of his having walked several miles from the country. He appeared many years older than he stated himself to be, and his countenance bore an appearance of anxiety and suffering. He complained much of a constant pain referred to the lower part of the abdomen; this was much increased during and after evacuation of the urine, when it was also attended by a burning pain darting along the penis. He was unable to retain his urine for above a few minutes at a time. Occasionally the stream was pretty free, but it frequently stopped suddenly during its expulsion, returning, however, on change of position. The urine was high-colored, mucous, and, after unusual exertion, mixed with blood. Its spec. gravity was 1015, and it became very slightly opaque on the application of heat.

May 1st.—This morning a sound was introduced, and was found to pass over a stone of considerable size, but as the bladder was rather irritable, Mr. Liston was unwilling to make any very minute examination so as to ascertain its size more accurately. Perineum to be shaved. To have a dose of castor oil.

2.—The operation was performed to-day. The curved staff having been first introduced, and the stone struck, so as to satisfy the other officers of the institution of its presence, the patient was secured in the

usual manner. The bladder was reached, and the prostate divided to the necessary extent by the second incision; the forceps was then introduced and the stone (which was about two and a half inches in its longest diameter, and bearing marks of the attack formerly made upon it) was removed with ease, having been first turned by the fore-finger of the left hand in the direction most favorable for its extraction.* A gum-elastic tube was then introduced through the wound into the bladder, and retained there by strips of oiled silk fastened to a bandage applied round the loins. The patient was then removed to bed. A few ounces of blood only were lost after the operation. The tube was kept clear of coagula by means of a feather for a few hours until the urine began to come away clear. The patient gave vent to no expression of pain except during the introduction of the staff, and states that he did not suffer by a great deal so much from the present as from the former operation. Had some slight rigors after the operation, which went off after the application of heat to the feet. Diluents were given freely after the operation, and the discharge of urine was very copious.

3.—Slept pretty well; no complaint of pain; pulse natural; discharge of urine copious.

4.—The tube was removed this morning. Continues perfectly easy. St. haust. Ol. Ricini.

18.—The urine has passed by the urethra for some time back, and the patient is now walking about the ward. He returns home in a few days."

The symptoms are here remarkably well detailed, and the case altogether is clearly stated. The history is such as is usually given by patients laboring under stone, with the exception of the pain being referred to the hypogastric region, instead of the orifice of the urethra. You must have been told, in the lectures by my excellent colleague, that by attention to the state of the digestive organs, and by correcting the morbid secretion of the urine by medicines suited to the prevailing diathesis, calculous deposits may be prevented, or carried off. The symptoms attendant upon the deposit of crystallized sediment you cannot have forgotten, nor the class of medicine proper for each. When concretions of a small size come down into the bladder, and before they have gained much accession, then they may still pass off naturally, or they may readily be seized by such forceps as I here show you, and extracted. There are many specimens on the table of concretions passed, or so extracted, some of no inconsiderable size. You may be aware that the posterior part of the canal is wider than the anterior, and is readily dilatable to a great extent. I have, in my work on surgery, detailed a case in which, by very gradual insinuation of the fore-finger, it was got to pass into the male bladder without the use of any cutting instrument, and without much pain to the patient. A stone of a pretty large size, such as the one I now exhibit (it had been previously, as you perceive, reduced in size by the drilling instrument of Civiale), may be laid hold of, and brought into the sinus of the urethra, and if it be found impossible, as it was in this

* The operation occupied, from the first incision to the removal of the stone, forty-five seconds. *Tutus et celeriter*.—*REV. LANCET*.

instance, to bring it farther, it may then be cut upon and taken out with less suffering and risk to the patient than by any other operation.

When such symptoms as presented in Shaw's case have lasted for years, no such proceedings can avail; the foreign body must then be either broken down, and the fragments got quit of, or it must be extracted in the manner you have witnessed. Before determining upon the operative procedure, it behoves you to ascertain correctly the *existence* of calculus, and the number and size. You must ascertain, besides, the state of the containing viscus, and of the whole apparatus—the kidneys and urethra, as also the form of the pelvis, &c. Many mistakes have been committed from a neglect of the necessary precaution to examine the patient in all respects with care and attention before deciding upon or proceeding to an operation. You would scarcely suppose it possible for a man educated to our profession to be deceived altogether as to the existence of a stone in the bladder. This has, notwithstanding, happened very many times, and has led to very painful results. All the symptoms which are detailed in Shaw's case are found to exist in a degree, and to arise, from other causes than the presence of stone in the bladder—such as the disappearance of eruptions, irritation of the intestinal canal, disorder of the kidneys. These symptoms may lead to an examination of the bladder, but recollect that the sources of error are numerous—the sound may be felt to grate on something, on sand entangled in mucus, on the fasciculi of the bladder, on a projection of the prostate. The feeling so communicated will at once be referred to the proper source, by one whose hand is experienced in the work, and whose touch is perfect through education. I could bring forward many instances in which operations have been performed, and no stone has been forthcoming; and I have sounded many in whose bladder stone had been supposed to exist, and in whom a little anthelmintic medicine put all to rights. By a careful and gentle use of the sound, the existence, and the size, and the number of calculi, can be pretty accurately ascertained, and the contact of the sound and stone can be heard as well as felt. The best sound is that of steel, with a short curve; it may sometimes be requisite, in order to facilitate the examination, to inject a little fluid into the bladder, or to change the patient's position. It is highly advisable in all cases that the condition of the kidneys should, by an examination into symptoms, and the state of their secretion, be ascertained as correctly as possible, whatever means are to be adopted for the patient's relief.

From time to time proposals have been made to attack the stone in the bladder, so as to reduce or destroy it either by chemical solvents taken into the stomach, applied directly by injection into the affected viscus, or by the application of mechanical means. The former or lithontriptic plan has now got out of fashion, though at one time many fools were found to believe and trust in it, and much public money was lavished on the inventors of the medicine. Egg-shells, soap, and other sorts of physic, taken by the mouth, were found to travel with rather a degree of slowness and uncertainty, and if they did reach their destination, they did but small damage to the enemy. The bladder was found not very capable of bearing the introduction of acids or alkalies, which, however, acted very prettily upon the stone in a piece of chemical apparatus.

Mechanical contrivances were at various periods suggested and even applied, but it is only of late years that these have been brought to any perfection. It has been discovered, since the attention of the profession has been drawn to the subject, that at a remote period, a monk of Cîteaux broke off small fragments of a stone in his own bladder with a wire pushed through a catheter; and you may have heard of a Colonel Martine, who, in the end of last century, with a sort of bulbous wire, the end of which was cut like a file, was supposed to have cured himself of a stone in the bladder. He deceived many, and perhaps also himself, for he died of stone.

The very beautiful apparatus of Civiale, which you see here, was hailed as a means of doing away entirely with any other proceeding. Some ingenious alterations were made upon it by Mr. Heurteloup and others, and it was at one time confidently asserted that almost every patient suffering from stone, could thus obtain a perfect and permanent cure. Some new apparatus (I shall not pretend to say who has the merit of the invention, for it would not be very safe to interfere with the contending parties), and certainly of a more efficient kind, was introduced, and forthwith the other was, and by those too who had previously given a different opinion, denounced as totally worthless and inefficient. It is too true that such is the case. You might bore holes through most stones, as you see has been done in this specimen, without in any way advancing the patient's recovery; on the contrary, with the effect of superadding to his other maladies a thoroughly diseased bladder. This stone was removed by lithotomy in the tenth part of the time that any of the sittings had occupied, with certainly a fourth of the pain and with much less danger. A stone very small and very soft might be managed by this drilling apparatus, but such stones bear no proportion to those which are perfectly impracticable. It is a matter of astonishment to me that some one of the ingenious persons who have busied themselves in this affair, should not have proposed introducing a charge of gunpowder into one of the perforations, and thus shattering the concretion, as rocks are blasted in the bottom of the ocean. Dr. Civiale's invention arose out of an attempt to introduce a bag into the bladder, which should embrace the stone, which was then to be attached by some very concentrated solvent; the one plan is as feasible as the other.

The new machines have been variously modified and improved in their different parts; they have been better fitted for seizing readily and safely the foreign body, which, after all, is by no means so difficult a matter as might be imagined, and various forces have been employed to disintegrate the stone and crush its fragments; the percussion system, the screw, the rack and pinion, and the spring, have all their advocates. You have before you all varieties of tools; and you will perceive that a great deal of ingenuity has been shown in this matter.

Many people, to my knowledge, are still racking their brains to invent some apparatus superior to any yet used. This is all very praiseworthy, but expectations have been raised too high by far on this subject, by unwarrantable assertions. I have practised all the operations in a wide and extended field, and have seen others perform them; and if I might be permitted to offer an opinion to you on the subject, I should say, that

unless the laws of the animal economy are subverted, a *permanent cure* cannot be expected to follow lithotripsy, unless in very favorable cases ; and amongst the patients who *now* present themselves for relief from the pains of stone, certainly not more than *one in six ought* to be submitted to that proceeding, and would not be, by a conscientious surgeon, by one who could equally well cut out the stone as powder it down. I place here before you an ample collection of calculi which I have removed from the male bladder, and I challenge any lithotritist, or advocate of the system, to pick out from amongst them anything like that proportionate number which could or ought to have been submitted to their manipulations, keeping altogether out of view the state of the urethra, prostate, and bladder, which often forbid or render them impracticable. It is said that if lithotripsy were generally taught in the schools and practised, patients would apply earlier, and that thus recourse to lithotomy would never be necessary. I am assuredly of opinion that surgeons should make themselves masters of this as of other operative procedures, and that this operation will never be safely performed, nor its merits fully appreciated, till it comes into the hands of well-educated surgeons. In fact, patients can only depend upon a safe and appropriate practice being adopted when they make application for relief to those who can either cut or break down, as the circumstances of the case may direct and warrant. It is too much to expect that lithotomy can ever be entirely superseded ; many people are, as it were, born with stone, and in many instances it exists long, and attains a great size, before a suspicion is entertained of its presence. Certainly if patients were aware of their having stone before it got larger than a hazel-nut, a good many might be relieved by lithotripsy, *and not a few* cured. Even in the most favorable cases, when the stone is of the size I have mentioned, and when the organs are comparatively sound, and free from irritability, a *cure* cannot always be depended upon with certainty by this means. The bladder becomes irregular on its inner surface, and it is no easy matter to make sure that all the fragments are voided. If any be left, you know the consequence to be a speedy reproduction of the disease. When the stone, again, is so large that a repetition of the operation is called for, when one sitting takes place after another to the number of 6, 12, 20, or 50, then I am bound to assure you that a cure need scarcely be looked for. The patient who is so unfortunate as to believe in the statements of the professed stone-grinder, will suffer more pain at *each one* secondary operation, than he would from having at once the stone taken out cleverly and entirely. His life will be more seriously endangered by the inflammatory attacks induced by the frequent pokings in this tender viscus, fostered as it must be by the presence of angular fragments ; and if he should by some chance get out of his friend's hands alive, he will probably drag out a short but miserable existence, with a dreadfully irritable bladder, and that teased probably by half-a-dozen angular stones instead of one. There is, besides, every reason to believe that disease of the kidneys is developed and hurried on by this constant irritation of the other parts of the apparatus with which they sympathize so closely.

There are on the table many specimens of detritus ; one of a very remarkable stone, of which the patient was freed completely by the crushing

operation. It was very soft, and had as its nucleus many seeds of barley, which, with the beards, had been introduced by the urethra by the patient himself, a silly foolish old man.

There are, moreover, several stones formed upon fragments which had been broken down and left; specimens of that kind will, if I mistake not, multiply exceedingly ere long. I expect to cut out not a few; but I fear that many of them must be obtained by post-mortem examination. I am warranted in stating that the stone-breaking has, upon the whole, been attended with far more numerous fatal terminations than ever lithotomy has been, even when performed in the worst possible manner, and by the most bungling pretenders. And such must be the case until the profession take it up and the proper cases are chosen; until its *indiscriminate* employment is discountenanced; and if this be not done speedily, the operation, useful in many cases, will get into disrepute. The very simple and beautiful instruments manufactured by Messrs. Weiss will answer every purpose, and it will afford me great pleasure to explain to any of you their application, and to give you more fully my views and the result of my experience as to the proper cases for the one or the other operation.

[To be continued.]

HISTORY OF A FEVER IN SUNDERLAND, MASS. IN THE YEARS 1831-32.

BY GARDINER DORRANCE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR,—I have been requested to give you an account of a fever, which prevailed in Sunderland four years since, while I resided there. And I feel the more inclined to do it, as a better opportunity perhaps never offered to mark the progress of a typhous fever, which this very decidedly was, and determine how far contagion contributed to its spread.

The town, a small one of about 700 inhabitants, lying on the Connecticut River, had been proverbial for its health, until the winter of 1831, when scarlet fever and hooping cough, then prevalent in the region, spread extensively through it. After their decline, some time in July, two boys, in the southern part of the town, were simultaneously attacked with a fever, which soon exhibited the marks of typhus; such as brown dry tongue, delirium, twitching of the tendons, &c. A young man, who went from the village three miles north, to assist the family, contracted the fever of them, returned to the family to which he belonged, most of whom were soon attacked by it. He was then removed to another town, where his mother and sister apparently took from him the same disease. The lamented minister of the place visited the two boys often, and sickened with fever. Nine of his family were soon prostrated with it. Himself and wife, after eight weeks sickness, with alternate favorable and unfavorable symptoms, worn down with anxiety for their sick children and friends, died within three days of each other.

From the families named, the fever spread through nurses, watchers, and visitors, until sixty cases occurred. Of these sixty cases, six proved

fatal. There was nothing in the fever at this time, very diverse from common typhus. It was not very inflammatory. The antiphlogistic regimen was required; but some recovered very readily without any loss of blood. When there was local determination, it was generally to the head. The usual length of the disease, when there was no relapse, was fourteen days.

The last case of fever occurred in November, in a house adjoining my own. We then supposed the disease at an end. About six weeks after, a little girl in the same house became unwell. I remarked to her mother, that her tongue resembled the tongue in typhus, but that it could not be that, as typhous fever was extinct among us. Such was not, however, the fact. A little daughter of mine, who frequently visited the sick girl, was soon attacked with fever. This was followed by four other cases in my family. The little girl's mother and several others in the first house were soon sick. A young man nursing a friend in it, sickened and communicated the fever to his family. A boy, who succeeded him, did so to another family. Fever spread rapidly, until one hundred, principally in the village of fifty houses and perhaps three hundred inhabitants, were the subjects of it. Of these hundred cases, nine proved fatal.

The fever at this time was severe in the extreme. In almost every case, there was strongly marked congestion, or inflammation of the brain. The lancet, used unsparingly at the onset of the disease, rendered it safe and mild. When neglected at first, or used but timidly, almost every case ended in delirium, lethargy, and dropsy of head. Never before, nor since, have I seen the strong language of Southwood Smith respecting the timely abstraction of blood in fever attended with cerebral affection, so amply verified. And most bitter was my regret, when from excess of caution on my own part, or from neglect to yield to the disease on the part of the patient, the golden moment of disarming it of its power was allowed to pass. The ninety-one, who recovered, were most of them bled early and largely; the nine, who died, were not in general until days had gone by. The cold dash, recommended by the writer just mentioned, I tried in some cases after bleeding, with great satisfaction. I have seen a burning fever cooled, and raving delirium calmed, while pouring from a height the cold water, as he recommends, upon the head.

The general prevalence of fever abated in the spring. During the summer, there were a few cases. And there was between them, either a real or imaginary connection, continuing the chain until autumn, when the disease became common again, and forty cases of it occurred; but of a character very different from those of the previous winter. Biliary derangement now took the place of congestion and inflammation of the brain. The season of the year probably caused this modification. Bleeding was now seldom indicated. Mercurials were the main reliance; but, incautiously given, they prostrated the strength, sometimes to an alarming extent. In some parts of the valley of the Connecticut, the fever would now have been called "typhus syncopalis." The mortality, during this last period, was less than in the two former ones. The fever lasted in a few families, until winter, when it left the town, and has not returned.

I know it is somewhat unfashionable to believe typhous fever to be propagated by contagion. Some medical writers sit down gravely to discuss the point, whether mumps and measles are contagious. In a great city, where the inmates of the same dwelling have often no intercourse; where the sick are attended by hired watchers and nurses, whose vital air has become the atmosphere of a sick room, and where the very reprehensible practice of visiting the sick is not in vogue, it may not be easily traced to contagion; and indeed typhous fever does not often prevail extensively in a large city. But in a country village, where an intimacy exists among all the families, and where to not call upon the sick would show lack of friendship, a contagious disease can be traced, and typhous fever, I believe, if introduced, is generally found to spread. Unlike bilious remitting, yellow and other fevers, caused by marsh miasm, or by infection, typhous fever seems to have a specific power to communicate itself, in all climates, and at all seasons of the year. The first frosts do not check it, as they do yellow fever. In Sunderland, its greatest prevalence was in the dead of winter. Cleanliness, free ventilation, and, above all, secluding the patient, by keeping him in a chamber remote from his family, will do much to prevent the propagation of it. Still there is the specific power to communicate itself, to which we give the epithet contagious. And, after watching within the last ten years, in Sunderland and the neighboring towns, from three to four hundred cases of it, I can have no more doubt of its possessing that power than I have that smallpox does.

Dr. Tweedie, physician to the London Fever Hospital, certainly a competent witness in the case, says, "he has no hesitation, after an impartial inquiry into the subject, and ample means of investigation, to affirm his decided conviction that fever will spread by contagion." And so, I believe, will say almost every physician who has been very much conversant with the kind of fever I have described above.

Amherst, July 16, 1835.

A SUMMARY PROCESS FOR THE PREPARATION OF MERCURIAL OINTMENT.

BY JOHN P. METTAUER, M.D. OF PRINCE EDWARD CO. VIRGINIA.

[Communicated for the Boston Medical and Surgical Journal.]

THE importance and value of Mercurial Ointment as a medicinal agent, and the difficulty generally acknowledged in preparing it, will, I am persuaded, secure for the following communication at least an indulgent reception from the medical public.

The design of this paper is to present a short and easy method for preparing this valuable article, which will not only abridge the process, and cheapen the price, but furnish it fresh, and of known and certain strength, to every practitioner who will allow himself 25 or 30 minutes time to prepare it.

The division of the metal, by triturating it with terebinthines, although it greatly facilitates the process, furnishes an ointment exceedingly objec-

tionable, on account of the irritating qualities they always impart to it. An ointment prepared in this way, after being used a few times, generally irritates or abrades the cuticle to such a degree, as to require its suspension for a while from the part, and its application to some other, which, when speedy mercurialization is desirable, might deteriorate the case, and even place the safety of the patient in jeopardy. A pure, inodorous, genuine and bland ointment, prepared by the tedious process of trituration, continued for weeks and months, according to plans directed in the dispensaries, must always be a costly article, where the consumption is great. The difficulty and labor of preparing the article in this way, present, to the persons who usually execute the work, a strong motive for fraud, which may be practised either by diluting and weakening it as it is made, or by mingling black substances with it to impart the dark color.

A more expeditious and cheaper method of preparing this indispensable article of medical practice, is, then, a desideratum; to supply which, the following formula and process are designed, and offered to the profession:—

Take of Mercury, 3 viij.
Spermaceti, 3 iv.
Mutton Suet, 3 vj.
Lard, 3 x.

Unite the metal and spermaceti by triturating them well together in a mortar of proper size. Should the division of the mercury be slow (which will sometimes be the case when the spermaceti is dry), a small portion of lard must be added to soften it a little; the rubbing may then be continued until the globules are completely extinguished, and the mass made to assume a dark blue, of uniform color. The suet must now be added, and, after it is well mixed, the lard. I have found the operation to succeed a little better in dry weather, either warm or cool; and would advise a preference to be given to such a state of the atmosphere, especially if large quantities of the ointment are in preparation—the reason will at once strike the intelligent reader.

This process requires from 25 to 30 minutes, and furnishes an ointment in every respect suitable for the most delicate or active uses to which the article is applicable. I have employed it during the last 19 years, in an extensive practice, and without being disappointed once in obtaining its prompt action as a mercurializer, when such an effect should be calculated on at all. The quantities given here are those which I have employed in my own private practice.

In the 2d Vol. page 336—3rd method of the Medical Recorder, Dr. P. K. Rogers, of William & Mary, Va. describes a method for preparing mercurial ointment, shorter than the one I have detailed. I have never employed it, but think very favorably of the process. His plan requires old tallow, and that the linseed oil should have been exposed for some time to the atmosphere to render the operation successful. The plan I advise requires no previous preparation; and the constituents of which the ointment is to be formed can be obtained of every druggist without any trouble, and are generally to be found in the shops of practitioners.

The ointment thus formed will be found to sustain the heat of sum-

mer very well, without liquifying or becoming rancid ; and not inconveniently hard in winter.

The foregoing is at the disposition of the editor of the *Boston Medical and Surgical Journal*.

In my case of lithotomy, two errors have escaped. In line 7th from top, page 285 of the *Journal*, it should be 20th day instead of 10th ; line 18 from top, same page, read evinced for witnessed.

July 6th, 1835.

CÆSAREAN OPERATION, &c.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having read in your last number (dated July 1) an account of several *Cæsarean Operations*, I presume to add two to the list, which occurred in the island of Jamaica, and were performed successfully in a very peculiar manner, and without the aid of surgical knowledge or practical skill.

A young negro woman, under age, becoming pregnant, and having a wilful temper, resolved to rip open her womb, and thus to get rid of the child ; a resolution which she executed with her own hands, and recovered. The same young woman, after a year or two, again became pregnant, again formed and again executed the same resolution, and again recovered. According to the statement in the article in your number above referred to, the recovery in the *second* instance was more to be expected than that in the first ; the first recovery being in some degree a sort of earnest of the second. Such is my story, which was related to me above twenty years ago, without particulars ; but it is not likely to be attended with error, being at once so simple and so remarkable.

The business now remaining is to authenticate the fact ; and I do it thus, to my *own* satisfaction. My informant was a person whom I had known from his early years, as being remarkable for his probity and discernment : he was extremely well educated, and he was familiar with many persons eminent for their knowledge in the natural sciences, in England, France, and Germany, and was much esteemed by Dr. Franklin. He was repeatedly made a member of the House of Assembly in Jamaica, declined being placed in the King's Council, but accepted (I think it was from the Duke of Manchester), the office of *cristos* in his district, which placed him at the head of it. The girl was a slave on a large estate to which he was attorney, and on which he resided ; and his own medical attendant, who was also the medical attendant of the estate, of course had charge of the girl after each of her operations. My informant, I must add, was a person remarkable for his humanity, and so attentive to the negroes as to be eminently beloved by them. He was also a religious man.

I shall now make a few remarks.

1st.—I have conceived that the recoveries here were facilitated by the *warmth of a tropical climate*, which prevented injury to the exposed interior of the trunk from *cold* ; and hence I have often thought, that

operations on the organs within the trunk would be performed with more safety in warm rooms in winter, than in cool rooms ; though I cannot say that I have taken any pains to verify this conjecture. At the hospital in Keil, mentioned in the above article, two of the three successful Cæsarean operations noticed, were performed in June, and the other in December ; but that in December was naturally performed in a close room warmed by a German stove.

2d.—There are evils attending surgical operations and wounds, even in hot climates, as a locked jaw ; but these incidents have nothing to do with the case before us.

3rd.—In the first of the operations above recorded, and which was performed by Dr. Zwanck, it is said that Dr. Seidel, another medical gentleman in attendance, supported the parts exposed by the incision, with a cloth "*steeped in oil.*" Query.—May not this cloth, so steeped in oil, not only have excluded the *cold*, but also the *air*, so as to have prevented the evaporation of the *moisture* of the exposed parts, and thus have prevented their becoming *dry* ; as it also prevented the cold following upon evaporation. The hæmorrhage "*arrested by dropping cold water on it,*" was a local matter.

4th.—It is unfortunately not told what was the *posture* assumed by the above-named girl for performing her operation. It is probable that she was *seated* ; and that she had her body somewhat curved forward, is true, but on the *whole*, somewhat reclined. She might even have had an attendant, possibly younger than herself, or possibly some *friend*, whose aid she contrived to obtain.

A. B.

July 4, 1835.

P. S. The following remark on the extract, given in your last number, from Mr. Ellis's lecture on a case of Catalepsy, occurring in a hospital in Dublin, may not be without its interest ; and I therefore introduce it here, although it has no concern with *Cæsarean operations*.

It is stated (see p. 330) that Mrs. Finn, the patient, "*internally got purgatives, antispasmodics, tonics, and emmenagogues of every description.*" Mrs. Finn's case, it is to be observed, exhibited successively "*neuralgia, hysterical paroxysms, aphony, and catalepsy.*" Now it is singular, that in the above relation we learn that Mrs. Finn, by *vomiting* a clot of blood, in consequence of a *sickness at her stomach, immediately* recovered her voice ; and that a patient of M. Andral's, at Paris, recovered from a "*dumbness of ten days,*" *immediately after a fit of vomiting* (see p. 328 and 329)—and yet Mr. Ellis appears not to have given any *emetic* to Mrs. Finn.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 29, 1835.

PATENT MEDICINES.

ALTHOUGH there is a general expression of regret at the high-handed system of imposition practised over the land by the sale of what are termed Patent Medicines, and people of intelligence condemn both the

manufacturers and the articles which are represented to be specifics for the entire catalogue of human ills, the business thrives in an unexampled manner. Is it true that a majority of these preparations are actually patented? We apprehend such is not the fact. By some unaccountable influence, the mere declaration that a secret combination of vegetable productions has been exclusively secured to the self-styled inventor, by the official seal at the patent office at Washington, without the least accompanying evidence of the truth beside the assertion of an unprincipled speculator on the public health, gives a ready sale, in most instances, to all sorts of pseudo-medicinal compounds, from a bottle of panacea at the moderate price of three dollars, down to Mrs. Gardner's liverwort syrup. It matters not what the patent stuff may be—the sale is rapid, and the price is in proportion to the demand. If the name carries a happy allusion to a common class of diseases, the call is so much the greater; and a flourish of trumpets is never wanting on the closely-printed wrappers, in the form of numerous certificates, to urge the already duped purchaser to persevere in his meritorious patronage.

When educated physicians give countenance to these abominable cheats, which first rob the valetudinarian of his money, and then of all that remains of a shattered constitution, they deserve the unbridled condemnation of the whole community. Some of them have certainly been the aiders and abettors in this nefarious traffic, to a considerable extent, and have thus brought unmerited disgrace on the whole medical profession.

The conductors of newspapers, also, have long lent their assistance in this business. So long as the papers of the day are the bearers of charlatanical proclamations, and seducing advertisements figure in them from one year to another, as though they were stereotyped for all succeeding volumes, patent medicines will never lack for consumers. If their virtues were only known through journals of science, the world at large would have but little experience in the knaveries, to which it now lends a helping hand. On the other hand, to attempt the overthrow of one of the most lucrative kinds of employment ever devised, by writing it down in *medical* periodicals, is as useless as it would be to cannonade a city in Europe by the discharge of artillery in Boston. Were the publications which convey the poison, also to carry the antidote, there would be hope of convincing the taxed multitude of the grossness of the imposition practised upon their credulity. One simultaneous determination by publishers of papers, throughout the United States, not to admit into their columns a single advertisement of these medicines, even for a single year, would nearly prostrate this scheme of cheating those who are least able to bear the loss. But as we can hardly suppose such a desirable resolve will ever be decided upon, nostrums will still maintain their ground, and new ones annually make their appearance, as the ever varying indications of society indicate new modes of attack.

We are not left without a single example, however, among the conductors of the newspaper press, of a professed readiness to take an honorable stand against this mode of continuing the evils of quackery. The West Chester (Pa.) Whig, of October 7, in some remarks on the review of Dr. Howe's discourse on quackery, contained in our last volume, makes use of the following observations. We regret to be obliged to add that the motion, at the close of the last paragraph, has not met with a solitary response from the professional brethren of the mover.

"Quackery is one of the worst evils extant. It is the Samson's jaw-bone of the age, by which thousands are slain. The same kind of animal, with the exception of the *long ears*, now furnishes the weapon of destruction, as then, with this simple difference—then it was a *bone*, now a *bolus*."

"We are doubtful whether or no Dr. Howe has hit upon the best remedy for Quackery. He would *lecture* it to death—we would *write*, or rather *print* it down. Open the battery of the Press upon it. Find editors, if there are any such, who are sufficiently independent and enlightened to 'cry aloud and spare not'—and especially to *advertise* the nostrums of quacks. That would be striking very near the root of the evil. It is the dear docile editors, who blow the bellows for empirics, and puff their vile compounds into public favor; and this, too, either gratuitously 'for the benefit of the afflicted,' or for a very paltry consideration at most."

"Our patience has long been at the point of exhaustion on this subject. It is not pleasant to be singular—it is not polite to refuse to advertise for strangers—but it is not right to tamper with the purses and health and lives of our fellow-citizens. Suppose we call a Convention of editors, and enter into grave council about this and other weighty matters. We are ready to go the whole length of all that the Press can do by fair and honorable means, to suppress quackery, and therefore move that a Convention be held. Who will second the motion?"

MEDICAL SOCIETY OF TENNESSEE.

MINUTES of the proceedings of this Society at its sixth annual meeting, at Nashville, have just been received. The Society appears to be prosperous, and exerting a most desirable influence. Felix Robertson, M.D. is President, and R. C. K. Martin, M.D. Recording Secretary. The following gentlemen were appointed by the president to read papers, at the next annual meeting, on the subjects annexed to their names:—Dr. Drane, orator. Dr. Reese, on the medical topography of East Tennessee; Dr. Buchanan on Middle, and Dr. W. P. Goodwin on Western Tennessee.

The essay on Spontaneous Combustion, read before the Society by Dr. James Overton, is highly creditable to his talents, and will receive the attention, at a future day, which it merits at our hands.

Medical Reform in England.—Parliamentary committee examinations develop extraordinary management on the part of those who conduct medical education in the metropolis. Nothing, however, has come to light that equals the enormity of the late Sir Everard Home's conduct, which was referred to a few weeks ago. For ourselves, we begin to suspect some of Mr. Clift's testimony. Certainly, the anatomical examination of a *dugong* made by Sir Everard not long before his death, as nearly as we can recollect, could not have been purloined from the Hunterian Manuscripts, because the animal was never heard of till long after the death of Mr. Hunter. We are extremely anxious to learn more particulars of this parliamentary evidence of Mr. Clift, and shall lay whatever may come to hand before our readers.

Medical Degrees.—The Western Medical Gazette condemns the Medical College of Ohio, at a terrible rate, for its misdeeds—one of which is for granting a parchment to a book-binding dentist, &c. &c. The Ohio

institution needs, if all the reports are true, a little of Mr. Warburton's parliamentary drastic lotion, which is working miraculous effects in the guinea apartments of British medical schools.

Small Doses of Calomel.—Mr. Hoare, surgeon, of London, was lately called to a child of fifteen months, which had been laboring under an attack of measles. The eruption was then disappearing, and the child evidently suffering from inflammation of the lungs. *A grain and a half of calomel*, and two of Jaimes's powder, were ordered. The powder was repeated the next morning, and a third given some time after. This was all the calomel given by Mr. H. The child complained of soreness of the mouth *on the night the first powder was taken*. The third day, the mucous surface of the fauces became sore and inflamed. The parents were alarmed, and on the eighth day, although the child was then improving, called in another medical attendant, who pronounced the patient to be "in a complete state of salivation from the mercury it had taken," notwithstanding that there was no enlargement of the tongue or of any of the salivary glands, no discharge of the saliva, no ulceration of the gums, and no looseness of the teeth. The child died the thirteenth day from the time the new attendant was called; and as it inherited a scrofulous diathesis, Mr. H. thinks its death was occasioned by cynanche maligna. The absurd assertion that Mr. H.'s "treatment had killed the child," was freely circulated, as in the similar case related by Dr. Fuller, of Maine, in the 20th number of this Journal. The above facts are published by Mr. H. to disprove this assertion.

Lithotomy.—This operation was recently performed, very skilfully, by Professor Smith, of Cincinnati—the weight of the stone, two ounces.

Western Medical Journals.—Drs. Cooper and Reed have purchased the Western Journal of the Medical and Physical Sciences, which is to be united with the Medical Gazette, and published by them. Dr. Drake is to be the editor.

Anomalies in the Length of the Intestinal Canal.—Some examples of anomaly in the length of the intestinal canal lately presented to the *Anatomical Society* of Paris, gave the president, M. Cruveilhier, occasion to remark that a great number of measurements had been made under his eyes at *La Salpetriere*, from which it resulted that the variations of the canal are comprised between $7\frac{1}{2}$ feet for the minimum, and 21 feet as the maximum, of its length.—*Lancet*.

Prevention of Hydrophobia.—Dr. DAVID BURNS has called our attention in an earnest address to the importance of propagating correct opinions on this subject on the approach of the season which is especially fraught with danger from the most horrible of diseases. He particularly dwells on the fact that no cure has yet been discovered for hydrophobia when once the attack is manifested, and he would therefore urge on all persons who may unhappily chance to be bitten by any of the lesser quadrupeds, instantly to adopt measures for arresting the absorption of the maddening virus, and particularly recommends the following precaution, which is always within reach for *instantaneous* application,—the means of excision, ablation, and

the cupping-glass, being rarely close enough at hand for *immediate* use. Let the mouth of the bitten person be *applied directly* to the wound, and suction performed with force and determination. Then, as speedily as possible afterwards, let water (warm if possible, for ourselves we should say *cold*, as being less likely to excite absorption) be directed in a stream, a foot or more in height, upon the part, thoroughly washing and again sucking the injured part and washing the mouth immediately after each suction. This course should be pursued by alternations for a quarter or even half an hour. If the wound bleed, so much the better. Danger of absorption by the mouth can only occur where there is excoriation or other breach of surface in that cavity, not a common occurrence, and most likely to be prevented by ablution. However, under any circumstances the bitten person on applying his own mouth risks no attack to which he has not already been rendered a hundred-fold more liable. The knife or caustic may subsequently be used, when practicable, with the hope of increasing the security.—*Ibid.*

Hydriodate of Potassa in Periostitis.—Some time ago, Dr. Williams published a paper in the London Medical Gazette, containing a favorable representation of the efficacy of this remedy in the treatment of periostitis. We find in the last number of that periodical, several very interesting cases of this affection reported by Dr. Clendinning, in which the hydriodate of potassa was employed with the most happy effects. It was administered in doses of 5 to 15 or 20 grains, three times a day, and in one case as much as 30 grains was given at a dose, under the direction of Dr. Elliotson. Dr. Clendinning remarks, that he has also used it with great advantage in chronic articular rheumatism.—*N. A. Archives.*

Creosote as an anti-emetic Agent.—In a paper recently communicated by Dr. Elliotson, to the Royal Medical and Chirurgical Society of London, on the internal employment of this agent in several diseases, he remarks, that he knows no medicine at all to be compared to creosote in arresting vomiting, and that he had repeatedly known it succeed when prussic acid had failed. It has proved in his hands equally powerful to arrest vomiting when present, and to prevent it when threatening. In dyspepsia, also, characterized by pain, acidity, nausea, &c. he has found it very useful: but he has observed flatulency aggravated by it. It was given in doses of two or three drops at first, diffused in watery mucilage, and was gradually increased to ten drops or more. He found it useful also in several cases of neuralgia, and diabetes; and used in form of inhalations, composed of from 5 to 15 drops in a pint of water, he obtained good effects from it in chronic bronchitis; but in phthisis it was found to be powerless, except, that when inhaled, it sometimes rendered the respiration freer, and prevented expectoration.—*Med. Gazette.*—*Ibid.*

Transposition of Viscera.—A case of transposition of the principal viscera, lately described at the Anatomical Society of Paris by M. Grisolles, showed the evident connection which exists between the left lateral concavity of the vertebral column, and the position of the aorta at the left side of the spine. This question has been long debated, and even Bichat attributed the concavity to quite another cause, but in M. Grisolles's case the aorta being situate on the right side, the concavity was placed on that side also. It was ascertained that the subject during life was not left-handed.—*Archives Gen.*

DIED—Near St. Anna, in Texas, Mowry S. Peckham, M.D. late of Pawtuxet, R. I.—In New York, Dr. John Anderton.—At Westfield, Chautauque Co. N. Y. Dr. A. McIntire, aged 80.—At Sharpsburg, Ky. of cholera, Dr. Wright, one of the physicians of the place. Six or seven deaths occurred in that town in one day (July 1) by the same disease.—At Vicksburg, La. Dr. Bodley.

Whole number of deaths in Boston for the week ending July 24, 26. Males, 17—Females, 9.
Of old age, 1—scald, 1—dropsy, 2—sudden, 1—consumption, 6—suppression of urine, 1—accidental, 1—suicide, 1—hooping cough, 1—childbed, 1—typhous fever, 1—dropsy on the brain, 1—measles, 1—intemperance, 1—brain fever, 1.

MEDICAL SCHOOL IN BOSTON.

THE MEDICAL FACULTY of Harvard University announce to the public, that the Lectures will begin on the first Wednesday in November, and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the Hospital and the Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

The following Courses of Lectures will be delivered to the class of the ensuing season:

			<i>Fees</i>
<i>Anatomy, and the Operations of Surgery,</i>	by	JOHN C. WARREN, M.D.	\$15
<i>Chemistry,</i>	"	JOHN W. WEBSTER, M.D.	15
<i>Midwifery and Medical Jurisprudence,</i>	"	WALTER CHANNING, M.D.	10
<i>Materia Medica,</i>	"	JACOB BIGELOW, M.D.	10
<i>Principles of Surgery and Clinical Surgery,</i>	"	GEORGE HAYWARD, M.D.	10
<i>Theory and Practice of Physic, and Clinical Medicine,</i>	"	JAMES JACKSON, M.D. and JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science, will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This Institution contains about sixty beds, which are, most of the time, occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, June 12, 1835.

June 21—1835.

WALTER CHANNING, *Dean*.

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures for 1835 will commence the last Thursday in August, and continue fourteen weeks.

H. H. CHILDS, M.D. *Theory and Practice of Medicine and Obstetrics.*
E. BARTLETT, M.D. *Pathological Anatomy and Materia Medica.*
C. DEWEY, M.D. *Botany, Chemistry and Natural Philosophy.*
W. PARKER, M.D. *Anatomy, Surgery and Physiology.*
JOHN FRISSELL, A.M. *Demonstrator of Anatomy.*

The Trustees of the Berkshire Medical Institution, in issuing their annual Circular, believe themselves justified in promising to those young men, whose local situation or whose personal predilections may lead them to a connection with the School, a course of public instruction as thorough, efficient and practical, as can be enjoyed at any of our various medical establishments. To the branches heretofore taught, which have been the same as in other American Medical Schools, arrangements have been made for the addition of a course of Lectures on **PATHOLOGICAL ANATOMY**, to be illustrated by morbid specimens and by an extensive series of colored representations of diseased structures.

By legalizing the study of Anatomy, the Legislature of Massachusetts has furnished its Schools with superior advantages for Practical Anatomy. It has also, by this provision, most effectually guarded the sepulchres of the dead against all violation.

Fellows of the Massachusetts Medical Society, and those who have received the degree of M.D. are admitted gratuitously to the Lectures. The degree of M.D. is conferred at the annual Commencement of the Institution and at the Commencement of Williams College. The requisitions for the degree of Doctor in Medicine, are—three full years study under a regular practitioner, attendance on two full courses of Medical Lectures in regularly established Medical Institutions, an adequate knowledge of the Latin language, and a good moral character.

Fee for the whole course of Lectures is \$50; those who have already attended two full courses at an incorporated Medical School, pay \$10. Graduation, \$12. Board, including room rent, washing and lodging, \$1 75 per week.

In one week after the close of the Public Lectures, commences the winter Reading Term, which continues 12 weeks, and is devoted to Practical Anatomy, the Principles and Practice of Surgery, and Obstetrics.

Pittsfield, July 1, 1835.

By order of the Trustees,
C. DEWEY, *Secretary pro tem.*

NOTE.—The following authors are recommended to be used by the students during the Lecture Term. On *Anatomy*, C. Bell, Horner, Cloquet, and Wistar. *Surgery*, S. Cooper, W. Gibson, and Sir A. Cooper's works. *Practice and Theory*, Gregory, Good, Eberle, and Dewees. *Obstetrics*, J. Burns, Dewees, and London Practice. *Materia Medica and Medical Jurisprudence*, Beck, Chapman and Eberle. *Chemistry*, Brande, Turner and Beck.

July 15—31

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